

**PUBLIC HEALTH PEST CONTROL CERTIFIED TECHNICIAN
EXAMINATION ADMISSION APPLICATION****Complete this section only.** Type or print. Make sure all copies are legible (DO NOT FAX).

Applicant name—Complete name as desired on certificate or gold card.		Job title	
Applicant signature		Date	
Requesting agency full name		Telephone number ()	
Complete agency address	City	ZIP code	

Please admit applicant to the following section examination(s):

- ☐ A—Core subjects (required once for all specialties)
☐ B—Mosquito control specialty
☐ C—Terrestrial invertebrate vector control specialty
☐ D—Vertebrate vector control specialty

Examination site—city	Examination date
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Endorsement by agency administrator: The applicant named above is an employee of this agency. The signature above is known by me to be that of the applicant. Election to participate in continuing education requires payment of annual renewal fees.

Continuing education election: ☐ Yes ☐ No

Administrator signature	Date
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Completed applications must be received **at least 30 days prior** to examination. Applications received after this date will not be accepted. An incomplete, inaccurate, illegible, or faxed application will be denied.

Mail completed application to: California Department of Health Services
Vector-Borne Disease Section, MS 486
P.O. Box 942732
Sacramento, CA 94234-7320

Admission to the examination is by application only. After review, this original will be stamped "APPROVED" and a copy will be returned to the applicant. The **applicant must bring it** to the examination site.

THIS SECTION FOR OFFICIAL USE ONLY

Section/Category	Previously Passed Exam	Certification number		Memo tab
A—CORE	_____	Previous agency		
B—MOSQ	_____	Keyed by	Date	
C—TERR	_____			
D—VERT	_____			

INFORMATION COLLECTION AND ACCESS: The purposes of this form are to provide information for examination planning, to determine the applicant's eligibility for examination, to identify the applicant, and to provide necessary information for certificate issuance and renewal. All items are mandatory. Failure to provide any information requested may result in delay or denial of examination or certification. Information provided will be maintained by the Training and Certification Coordinator at the address above, telephone (916) 324-3738, under authority of California Health and Safety Code, Section 116110. Each individual applicant or certificate holder has the right to review, on request, the file maintained on him or her by the Department of Health Services, to obtain copies of information in the file pertaining to that individual, and to challenge such information. (Exception: Although applicants may review completed examination papers under certain conditions, copies of examinations cannot be released.)

TIMELY HANDLING AND APPEALS: Procedures and maximum time periods for considering and issuing certificates are specified in Title 17, California Code of Regulations, Sections 30056.2, 30056.4, and 30056.5. In the event of any dispute arising from a violation of a specified time period, an applicant may appeal by notifying, in writing, the Chief of the Vector-Borne Disease Section, in accordance with the procedures set forth in Title 17, California Code of Regulations, Section 30056.1.